### FORM D

SEC 1972 (6/02): Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid

OMB control number.

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076

31, 2005 den

YSerial

DATE RECEIVED

### Procession   Filing Under (Check box(es) that apply):   Rule 504	Name of Offering ( check if this is an amendment and name has changed, and indicate change.)							
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  IntraDyn, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  2930 Waters Road, Suite B-190, Eagan, Minnesota 55121  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (651) 203 **Mare Code**  (651) 200 **Mare Code**  (652) 200 **Mare Code**  (653) 200 **Mare Code**  (654) 200 **Mare Code**  (655) 200 **Mare Code**  (656) 200 **Mare Code**  (657) 200 **Mare Code**  (651) 200 **Mare Code**  (651) 200 **Mare	2005 Convertible Debt Bridge Financing	1000001						
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  IntraDyn, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  2930 Waters Road, Suite B-190, Eagan, Minnesota 55121  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  If elephone Number (Including Area Code)  (651) 203 1609 ECELIVE  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  If elephone Number (Including Area Code)  (651) 203 1609 ECELIVE  Area Code)  (Including	Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	4(6) JULOF						
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  IntraDyn, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  2930 Waters Road, Suite B-190, Eagan, Minnesota 55121 (651) 203-4609  Executive Offices (Number and Street, City, State, Zip Code)  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Develop and manufacture information technology systems.  Type of Business Organization  Corporation   limited partnership, already formed   other (please specify)  Month Year  Actual or Estimated Date of Incorporation or Organization: [0][8] [0] [1]	Type of Filing: New Filing Amendment	PROCESSED						
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  IntraDyn, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  2930 Waters Road, Suite B-190, Eagan, Minnesota 55121  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (651) 203 Mark (1051) 203 Mark	A. BASIC IDENTIFICATION DATA	NAAD O OOR						
Address of Executive Offices (Number and Street, City, State, Zip Code)  2930 Waters Road, Suite B-190, Eagan, Minnesota 55121  Address of Principal Business Operations (if different from Executive Offices)  Brief Description of Business  Develop and manufacture information technology systems.  Type of Business Organization    Corporation   Ilimited partnership, already formed   other (please specify)   Dimited partnership, to be formed    Month   Year   Actual or Estimated Date of Incorporation or Organization: [0][8]   [0] [1]   Actual   Estimated     Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	1. Enter the information requested about the issuer	mak vo zuuj						
Address of Executive Offices (Number and Street, City, State, Zip Code)  2930 Waters Road, Suite B-190, Eagan, Minnesota 55121  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Brief Description of Business  Develop and manufacture information technology systems.  Type of Business Organization  Corporation Ilimited partnership, already formed other (please specify)  Month Year  Actual or Estimated Date of Incorporation or Organization: [0][8] [0][1] Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	FLORESCO.						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Develop and manufacture information technology systems.  Type of Business Organization    Corporation   Limited partnership, already formed   other (please specify)	IntraDyn, Inc.							
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Develop and manufacture information technology systems.  Type of Business Organization    Corporation   Iimited partnership, already formed   other (please specify): State	Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone	Number (Including Area Code)						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Brief Description of Business  Develop and manufacture information technology systems.  Type of Business Organization    Corporation   Iimited partnership, already formed   other (please specify): State	2930 Waters Road, Suite B-190, Eagan, Minnesota 55121 (651) 203	4600						
Brief Description of Business  Develop and manufacture information technology systems.  Type of Business Organization  Corporation  Imited partnership, already formed  business trust  Month  Year  Actual or Estimated Date of Incorporation or Organization: [0][8]  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone	Number (Including Area Code)						
Develop and manufacture information technology systems.  Type of Business Organization    Corporation   limited partnership, already formed   other (please specify)	(if different from Executive Offices)							
Type of Business Organization    Corporation	Brief Description of Business							
Corporation								
Corporation   limited partnership, already formed   other (please specify)   States   limited partnership, to be formed   Month   Year	Type of Business Organization	185						
Month Year  Actual or Estimated Date of Incorporation or Organization: [0][8] [0] [1]	☐ corporation ☐ limited partnership, already formed ☐ other (please	specify)						
Actual or Estimated Date of Incorporation or Organization: [0][8] [0][1]   Actual   Estimated   Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	business trustlimited partnership, to be formed							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Month Year							
	Actual or Estimated Date of Incorporation or Organization: [0][8] [0] [1]							
CN for Canada; FN for other foreign jurisdiction) [D][E]	Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
	CN for Canada; FN for other foreign jurisdiction) [D][E]							

# GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTII	ICATION DATA		
2. Enter the information req	uested for the foll	owing:			
<ul> <li>Each promoter of th</li> </ul>	e issuer, if the issu	ier has been organized wi	thin the past five years;		
<ul> <li>Each beneficial own securities of the issu</li> </ul>		wer to vote or dispose, o	r direct the vote or dispos	ition of, 10% or	more of a class of equity
Each executive office	cer and director of	corporate issuers and of c	corporate general and mana	ging partners of	partnership issuers; and
		partnership issuers.	. •		•
Check Box(es) that Apply:		⊠ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Doan, Gary M.	ŕ				
Business or Residence Addr	ess (Number and S	Street City State Zin Cod	de)		
2930 Waters Road, Suite B	•		uc)		
2.1.1. ACC, 2000 SECOND OF THE SECOND		and the second s	N/T	N Diseases	General and/or
Check Box(es) that Apply:	<b>⊠</b> Promoter	Beneficial Owner	☑ Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, Leach, Joseph D.	if individual)				
Business or Residence Addr 2930 Waters Road, Suite B	7		de)		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner		⊠ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Bowlby, Brent D.	ŕ				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Coo	de)		
2930 Waters Road, Suite B	•	•	,		
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Mondelli, Sal	if individual)			Service Control of the Control of th	
Business or Residence Addr			de)		
2930 Waters Road, Suite B					A SAME AND
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Coo	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	Appending S			
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Coo	de)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		in a second		B. IN	FORMAT	ION ABO	OUT OFF	ERING	eer 2007. Name (CS)	arter electrica		C. 400 L. 4021
		_									Yes	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Ц	$\boxtimes$				
			Ans	swer also i	in Appendi	ix, Colum	n 2, if filin	g under U	LOE.			
2. What is	s the minin	num inves	tment that	will be ac	cepted fro	m any ind	ividual?	•••••			\$ <u>N</u> Yes	No No
3. Does th	ne offering	permit joi	int owners	hip of a si	ngle unit?	••••••	•••••	•••••				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name NONE	(Last nam	ie first, if i	ndividual)			•						
Business o	r Residenc	e Address	(Number	and Street	t, City, Sta	te, Zip Co	de)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NI C A		D . 1	D 1 -									
Name of A	Associated	Broker or	Dealer									
States in W												
	All States"										🗀	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name first, if individual)												
Business o	r Residence	e Address	(Number	and Street	t, City, Sta	te, Zip Co	de)					
Name of A	ssociated	Broker or	Dealer	0.6-1								
States in W	Vhich Perso	on Listed l	Has Solici	ted or Inte	nds to Soli	icit Purchs	isers					
	All States"											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if i	ndividual)									
Business o	r Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
Name of A	ssociated	Broker or	Dealer						( A A A A A A A A A A A A A A A A A A A			
States in W	Vhich Perso	on Listed l	Has Solici	ted or Inte	nds to Soli	icit Purcha	ısers					
	All States"											All States
`[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	_[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of	E OF PROCEET	<u>) S</u>	
	the securities offered for exchange and already exchanged.  Type of Security	Aggregate	Amou	nt Already
		Offering Price		Sold
		S	\$	
	Equity	S	\$	<del></del>
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	575,000	\$	75,000
	Partnership Interests	)	\$	
	Other (Specify	S	\$	
		<u>75,000</u>	\$	75,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	Dollar	gregate r Amount urchases
	Accredited Investors	2	\$	75,000
	Non-accredited Investors	N/A	\$	
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of offering	Type of		r Amount
	Rule 505	Security <b>N/A</b>	•	Sold
		N/A	φ	
	Regulation A		\$ \$	
	Regulation 504	N/A	\$ \$	
	10ta1		<b>a</b>	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$	
	Legal Fees		\$	5,000
	Accounting Fees		\$	
	Engineering Fees		\$	-
	Sales Commissions (specify finders' fee separately)		\$	
	Other Expenses (identify)		\$	
	Total	$\boxtimes$	\$	5,000

	b. Enter the difference between the agg C – Question 1 and total expenses furnished difference is the "adjusted gross proceeds to	ed in response to part C – Ques	stion 4.a. This		\$_	70,000
5.	Indicate below the amount of the adjusted g be used for each of the purposes shown. furnish an estimate and check the box to the listed must equal the adjusted gross proceed Question 4.b above.	If the amount for any purpose left of the estimate. The total	e is not known, of the payments			
	Salaries and fees			Payments to Officers, Directors, & Affiliates	□ \$	Payments To Others
	Purchase of real estate				-	
	Construction or leasing of plant building and Acquisition of other businesses (including to offering that may be used in exchange for the	he value of securities involved	in this		_ 🗆 \$	
	pursuant to a merger)				_	70,000
				<u></u>	- □ \$ - ⊠ \$ 70,000	70,000
The second		•				
the fo	ssuer has duly caused this notice to be signed ollowing signature constitutes an undertaking on request of its staff, the information furnis	d by the undersigned duly auth	orized person. I	f this notice :	nge Com	mission, upon
	(Print or Type) Dyn, Inc.	Signature A.	The	D	$\frac{1}{2}$	125/05
Name	e of Signer (Print or Type)  h D. Leach, IV	Title of Signer (Print or Ty Chief Financial Officer	vpo)			

ATTENTION		
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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).